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OMB control number.										
DECLARATION FOR UTILITY OR			Attorney Docket Number			26084-711				
DESIGN			First N	amed Inventor	·   v	Way				
PATENT APPLICATION				· co	MPLETE II	TE IF KNOWN				
(37 CF		Application Number		09	09/839,693					
Declaration Submitted	□ Declar     Subm	ation tted after Initial	Filing [	Filing Date		04/19/2001				
with Initial OR Filipg		(surcharge FR 1.16(e))	Group Art Unit		No	Not Yet Assigned				
<u>0 2001</u>	requir		Examir	ner Name	No	Not Yet Assigned				
<u> </u>										
As a below named Inventor, I hereby declare that:  Description of the state of the										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
METHOD AND APPARATUS FOR INTERLEAVED OPTICAL SINGLE SIDEBAND										
MODULATION										
(Title of the Invention)										
the specification of which is attached hereto										
OR ☑ was filed on (MM/DD/YYYY) 04/19/2001 as United States Application Number or PCT International										
Application Number 09/839,693 and was amended on (MM/DD/YYYY) [ (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or []365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Fil (MM/DD/		Priority Not Claim		Certified Copy Attached? YES NO				
Additional foreign applic	ation numbers	are listed on a su	nnlements	al priority data she	et PTO/SB/0	L] 128 attached hereto	<u> </u>			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:  I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.										
			e (MM/DD/YYYY)			<u> </u>				
_ 60/187,383 03			3/07/2000		numb suppl	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.				

(Page 1 of 2)
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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**DECLARATION** — Utility or Design Patent Application claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application ating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. Parent Filing Date **Parent Patent Number** U.S. Parent Application or PCT Parent Number (MM/DD/YYYY) (if applicable) 05/22/2000 09/575,811 Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the 021971 Patent and Trademark Office connected therewith: 

Customer Number Place Customer Code Label here Registered practitioner(s) name/registration number listed below Registration Registration Number Number Name Name Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. OR Correspondence address below 021971 or Bar Code Label Name Paul Davis Wilson Sonsini Goodrich & Rosati Address Address 650 Page Mill Road ZIP 94304 City Palo Alto State CA 650-493-9300 650-493-6811 Country U.S. Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle (if any) Family Name or Surname WAY Winston 1/01 Date **Inventor's Signature** US Country US Citizenship Residence: City Irvine State CA **Post Office Address** 3 Jenner, Suite 180 **Post Office Address** 

ZIP

92618

Country

CA

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

State

Irvine





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## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

RADEMA											
Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any)				Family Name or Surname							
Ming Chia				· wu							
Inventor's Signature	Mingel	in l	Vu_					Date	6,	15/201	
Residence: City	Irvine	State	CA		Country US		US	Citizenship		TW	
Post Office Address											
Post Office Address	195 Rockview Drive										
City	Irvine	State	CA		ZIP		92612	Country		us	
Name of Additional Joint Inventor, if any:								inventor			
Given Name (first and middle (if any)				Family Name or Surname							
Ming-Bing				CHEN							
Inventor's Signature	Ming-Bug Chen				n Date 6/15/2001						
City	Irvine	State	C.		Country		US	Citizenship		TW	
Post Office Address											
Post Office Address	195 Rockview Drive										
City	Irvine	State	CA		ZIP		92612	Country		US	
Name of Additional Joint Inventor, if any:									inventor		
Given Name (first and middle (if any)				Family Name or Surname							
		. <u> </u>							•		
Inventor's Signature	_		<b>.</b>		T			Date			
City		State			Country			Citizenship			
Post Office Address											
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